

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|--------------------|
| | | Application No. | 09/965,229 |
| | | Filing Date | September 27, 2001 |
| | | First Named Inventor | John T. Maddux |
| | | Art Unit | 2133 |
| | | Examiner Name | Baker, Stephen M. |
| Total Number of Pages in This Submission | 21 | Attorney Docket Number | 42390P12347 |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <div style="border: 1px solid black; padding: 5px;">Request for Continued Examination (1 page) Return Postcard</div> |
| <input type="checkbox"/> PTO/SB/08 | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Robert B. O'Rourke, Reg. No. 46,972 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature | |
| Date | June 13, 2005 |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| | |
|-----------------------|----------------|
| Typed or printed name | Alma Goldchain |
| Signature | |
| Date | June 13, 2005 |



**EE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1,240.00)

| Complete if Known | |
|----------------------|--------------------|
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| First Named Inventor | John T. Maddux |
| Examiner Name | Baker, Stephen M. |
| Art Unit | 2133 |
| Attorney Docket No. | 42390P12347 |

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

| | | Extra Claims | Fee from below | Fee Paid |
|-----------------------|----|-----------------|-------------------|----------|
| Total Claims | 32 | 33* = 0 | X 50.00 | = \$0.00 |
| Independent Claims | 4 | 4* = 0 | X 200.00 | = \$0.00 |
| Multiple Dependent | | | | |

| Large Entity | | Small Entity | | |
|---------------------|----------|--------------|----------|---|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | <u>Fee Description</u> |
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 |
| 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 |
| 1203 | 360 | 2203 | 180 | Multiple Dependent claim, if not paid |
| 1204 | 300 | 2204 | 150 | **Reissue independent claims over original patent |
| 1205 | 300 | 2205 | 150 | **Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (1) | | | | (\$) 0.00 |

***or number previously paid, if greater. For Reissues, see below*

2. ADDITIONAL FEES

| Large Entity | Small Entity |
|--------------|--------------|
|--------------|--------------|

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|------------------------|-----------------|-----------------|-----------------|--|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |
| 2053 | 130 | 2053 | 130 | Non-English specification |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month |
| 1253 | 1,020 | 2253 | 510 | Extension for reply within third month |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month |
| 1401 | 500 | 2401 | 250 | Notice of Appeal |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |
| 1403 | 1,000 | 2403 | 500 | Request for oral hearing |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |
| 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) |
| Other fees (see notes) | | | | |
| | | | | Request for Continued Examination - \$700.00 |

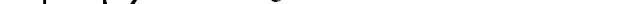
Fee Paid

450.00

(\\$) 1,240.00

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Robert B. O'Rourke | Registration No. (Attorney/Agent) | 46,972 | Telephone | (408) 720-8300 |
| Signature |  | | | Date | 06/13/05 |

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450